MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

AFTER

1" AMENDMENT

DEP.

IND.

AS FILED

DEP.

IND.

SERIAL NO. FILING DATE 10/

APPLICANT(S)

CLAIMS

AFTER

2 nd AMENDMENT

IND. DEP.

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U.S. DEPARTMENT of COMMERCE					EXECUTE:			

U.S. DEPARTMENT of COMMERCE

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